

For calendar year 19____ or fiscal year beginning _____, 19____ and ending _____, _____.

66

Your first name and initial 1		Last name		Your social security number	
If a joint return, spouse's first name and initial 1		Last name		Spouse's social security number	
Present home address - number and street, rural route 2		Apt. No.	Daytime telephone ()		IMPORTANT! You must enter your SSN(s) above.
City, town or post office		State	ZIP code	Home telephone 94 ()	
Name and address on original return (if same, write "Same") 3					For DOR use only

Filing Status	Check box to indicate both filing status and residency status			On Original Return	On This Return	88
	4	Married filing joint return		4		
	5	Head of household - <i>name of qualifying dependent</i>		5		
	6	Married filing separate return. Enter spouse's social security number above and full name here ➤		6		
Residency Status	7	Single		7		81
	8	Resident		8		
	9	Nonresident		9		
	10	Part-year resident		10		
	11	Part-year resident active military		11		
	12	Nonresident active military		12		

Original Form Filed	Check only one: 97				
	Form 140	1			
	Form 140A	2			
	Form 140EZ	3			
	Form 140NR	4			
	Form 140PY	5			
	Enter corrected percentage of Arizona residency if 140NR, or 140PY				%

IMPORTANT: In order for your amended return to be processed, you must enter an amount in columns (a), (b) and (c) for lines 13 through 16, lines 18 through 23, lines 25, 29, 30, 33, 35 and 36.				
	(a) AMOUNT REPORTED ON ORIGINAL	(b) AMOUNT TO BE ADDED (SUBTRACTED)	(c) CORRECTED AMOUNT	
13			13	
14			14	
15			15	
16			16	
17				
18			18	
19			19	
20			20	
21			21	
22			22	
23			23	
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26			26	
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32			32	
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38			38	
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40			40	
41			41	
42			42	
43			43	
44	44			
45	45			

Attach payment here.		82 99
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PART I
Exemptions**Do not list**
yourself or
spouse as
dependents

- 1 Age 65 or over
- 2 Blind
- 3 Your dependent children and other dependents

(a) Number Reported	(b) Net Change	(c) Corrected Number

Enter number of dependents listed on line 3 column (c) here and also on Form 140, page 1, line 17

List below the names of children and other dependents. If more space is needed, attach a separate sheet.

First name	Last name	Social security number	Relationship	No. of months lived in your home

For **1996** and **1997**, enter the names of the dependents listed above who do not qualify as your dependent on your federal return because:

(1) The dependent's income was equal to or more than the federal exemption amount for the year. _____

(2) The dependent filed a joint federal return with his/her spouse _____

(3) You claimed the dependent under the Arizona age 65 or over rules _____

For **1998** and **1999**, enter the names of any dependents age 65 or over listed on line(s) A1 that you cannot claim as a dependent on your **1998** or **1999** federal return.

_____**4 Arizona Residents Only** (1999 Only) Number of qualifying parents and ancestors

(a) Number Reported	(b) Number Reported	(c) Corrected Number

List qualifying parents and ancestors below. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line 3. For information on who is a qualifying parent or ancestor, see the instructions for the original return you filed.

First name	Last name	Social security number	Relationship	No. of months lived in your home

PART II
Income,
Deductions,
and Credits

List the line reference from page 1 for which you are reporting a change; then give the reason for each change. Attach any supporting documents required. If the change(s) pertain(s) to an IRS audit, please attach a copy of agent's report. If you filed an amended federal return with the IRS (Form 1040X), please attach a copy, plus all supporting schedules.

Please
Sign
Here

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Occupation

Spouse's signature

Date

Spouse's occupation

Paid
Preparer's
Information

Preparer's signature

Firm's name (preparer's if self-employed)

Preparer's TIN

Date

Preparer's address

If you are sending a payment with this return, mail to: Arizona Department of Revenue, PO Box 52016, Phoenix AZ 85072-2016.

If you are expecting a refund, or owe no tax, or owe tax but are not sending a payment, mail to: Arizona Department of Revenue, PO Box 52138, Phoenix AZ 85072-2138.